conviction has been forced upon me that in these cases we could not lay our finger on any lesion which would account for the foregoing phenomena, or the death of the patient. But, by these remarks, I do not intend to be understood as inferring that these organs have not been diseased. On the contrary, I believe that in all cases of death from yellow fever, the stomach suffers, and suffers most severely. All I contend for is, that we are not entitled, from the facts before us, to say that it has been inflamed—an inflammation in my creed is not synonymous with *disease*, but expressive merely of a particular species of morbid phenomena. Those who contend that the stomach must necessarily have been inflamed, reason, not from facts to theory, but from theory to facts. They are guilty of hypothetical, not inductive reasoning. The stomach has doubtless suffered, since all the organs in the body—every tissue—must, more or less, be altered in its constitution, after undergoing such violent morbid actions. But in the cases we now speak of, the stomach seems to have suffered not a whit more than the other organs.

As the stomach usually contains black vomit, it may be argued that the tissues have relieved themselves, by pouring the contents of their vessels into the cavity of the organ; but if this be true, how comes it that, in other cases, in which we also find the stomach full of black vomit, we meet with a mucous membrane literally engorged with blood?

The large intestines, and the lower portion of the small, are not so often found congested as the stomach and duodenum, yet such a condition is by no means rare.

Before leaving the stomach, it may be well to remark, that, in some cases, it presents a very singular aspect caused by artificial means. It is difficult to describe. The mucous tissue, when washed, has a sort of marbled appearance, with faint lines running here and there, and intersecting each other. This is owing to the acid solution of sulphate of quinine, administered in the latter stages of the disease. That such is the fact, has been proved by immersing a stomach not having this appearance in a solution of quinine.

A remarkable feature in yellow fever is, the frequent occurrence of intussusceptions of the small intestines. These were exceedingly common in autopsies made in 1839. The quantity of intestine invaginated sometimes exceeded a yard.

In certain cases we found Brunner's glands presenting a miliary aspect. Whether this was connected with the disease or not I do not know. In some cases of a typhoid type, in which there existed before death a low nervous delirium, we found, sometimes ulceration, and, at others, hypertrophy and softening of Peyer's glands. Ulceration sometimes occurs in Brunner's glands, but rarely, and, when it does take place, we generally have hemorrhage from them.

The mesenteric glands are sometimes considerably enlarged. This occurs generally in cases in which death occurred after the 7th or 8th day. I have also seen them much enlarged in cases treated on the mercurial plan.

The Blood.—This fluid does not present to us any strong evidence of those changes which we might expect after the system undergoing such violent actions. It has been said that it loses its coagulability. Whether such is not the fact in certain cases I will not undertake to say, but in a great majority it is certainly not true, for we find coagula in the heart, and blood taken from the larger vessels generally coagulates after a while. It is unquestionably true, however, that it requires a much longer time to coagulate than blood usually does, and that the coagulum is larger and softer. Blood drawn from the arm rarely, if ever, presents a buffy coat; nor have I ever seen it cupped.

The muscles, in many cases, are darker and drier than usual. The other parts of the body present nothing remarkable.

Empyema successfully treated by Operation.—Dr. W. C. Sneed, of Frankford, Ky., has given in *The Western Journal of Medicine and Surgery*, (May, 1845,) an elaborate report of a case of empyema, in which paracentesis was performed, and an astringent fluid injected into the pleural cavity, with a fortunate result. The subject of the case was a boy, 13 years of age, who was attacked with pleuro-pneumonia, on the 8th of March, 1844. By appropriate remedies the symptoms were subdued in ten days, and everything seemed to promise a speedy convalescence. On the 1st of April Dr. S. was again summoned to see the patient, and found him labouring under difficulty of breathing, hacking cough, pain in the left side, con-

siderable acceleration of pulse, and, in a few days, all the evidences of empyema of the left side appeared. On the 8th of April Dr. S. having drawn the skin upwards as tight as possible, made an incision ¾ of an inch long through it; between the sixth and seventh ribs as near the angle as the margin of the latissimus dorsi would permit; and then introduced the lancet into the cavity of the chest. Upon its withdrawal, pus followed in abundance. Between this period and the 1st of July a catheter was repeatedly introduced and pus drawn off. At the date last mentioned, the patient had much improved, the pus was less abundantly secreted, and more transparent, having now more the appearance of serum than pus. The absence of all inflammatory symptoms and the change in the character of the secretion, at this period, induced Dr. Sneed to believe much might be effected by the use of astringent injections into the pleural cavity. Accordingly he commenced injecting about half a pint of a weak decoction of oak bark into the cavity once a day, after having first drawn off the pus. The result was truly gratifying. From this time he improved rapidly; the secretion lost its fetor, and became almost serous in a few days. It continued to be secreted, however, until about the middle of August, when the amount became so small and serous that the injections were discontinued and the orifice allowed to close. The emphysema gradually subsided after the use of the injections were commenced and entirely disappeared before the orifice closed.

From the commencement of the patient's illness to the time of the first operation, about thirty days elapsed, and from the day of the operation to the closing of the orifice, about four months transpired. During this time the instrument was introduced upwards of one hundred times, and Dr. S. feels fully assured that not less than fifteen gallons of pus and serum were taken from the chest of the patient little sufferer.

Dr. S. reports on the 1st of April, 1845, that he saw the patient that day and found him in the enjoyment of good health. The heart is in its proper place, respiration can be heard through the whole of the left lung; and though the side is contracted, no inconvenience is felt from the diminution of the lung.

Subcutaneous Venous Erectile Tumour of cheek—Ligature of common Carotid Artery—Death from phlebitis with deposition of purulent matter between the membranes of the brain. By Alfred C. Post, M. D. (*New York Journal of Medicine*, Sept., 1845.)—An Irish labourer, 27 years of age, from birth had a small discoloured spot on his cheek without swelling, which about three years ago began to be prominent and continued to increase in size from that time until April, 1845, when he consulted Dr. Post. The tumour at this period involved nearly the whole extent of the right cheek, and projected externally and into the cavity of the mouth. The tumour was evidently formed of a congeries of dilated veins, some of which could be distinctly seen through the skin, and others through the mucous membrane. When the patient stooped and made any exertion, as in tying his shoe, the prominence of the tumour was greatly increased. The thickness of the tumour when distended was about two inches.

On the 12th of April Dr. Post, after consultation, applied a ligature to the carotid artery just above the omohyoideus muscle. The operation was borne without the slightest indication of suffering. The wound was dressed in the usual manner with sutures and adhesive plaster. The patient was directed to be kept quiet and to live on gruel.

For several days afterward the patient complained of soreness in the wound and difficulty of swallowing. On the 16th of April, the straps and sutures were removed; the edges of the wound gaped a little, and adhesive straps and lint spread with cerate were applied. The patient appeared comfortable. On the 22d, without any apparent cause, he had a fainting fit, with cold extremities and very feeble pulse, from which he revived under the use of stimulants. The patient after this did well, and the wound was healed, except a small space around the ligature, by the 29th. This morning he was attacked with chills followed by febrile excitement.

May 1st. Complains of soreness and stiffness in the right side of the neck, above and behind the wound: there is some swelling with tenderness in the same region. Pulse 100 and rather feeble: he was much prostrated: bowels rather confined. He was ordered ol. ricini; three leeches to the neck; wine-whey. 2d.